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OFFICE OF
INSURANCE COMMISSIONER

BULLETIN

ATTENTION: AGENTS AND BROKERS

No. 88-3

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Subject: WASHINGTON HEALTH INSURANCE POOL

This Bulletin is to advise all agents and brokers that the Washington Health Insurance Pool, as set forth in Chapter 48.41 RCW, is now ready to accept applications. The purpose of the new law is to provide health insurance for persons whose coverage has been rejected or limited for health reasons.

The statute requires health insurers, HMOs and health care service contractors who reject or limit coverage to inform the applicant that the pool is available and how to make application.

An individual becomes eligible for coverage upon providing evidence of

- (1) rejection for medical reasons,
- (2) a requirement of restrictive riders,
- (3) an uprated premium,
- (4) a pre-existing condition limitation, the effect of which is to substantially reduce coverage from that received by a person considered a standard risk, or
- (5) an involuntary termination of health insurance for any reason other than nonpayment of premium.

On the back of this page is a copy of the Notice which insurers are to provide to Washington state applicants for whom coverage is rejected or in any way limited. The importance of such a notice to one of your clients cannot be overstated.

The client will be depending on you for guidance when seeking coverage under the Pool, so it is important for you to be familiar with the procedures. A call to the Administrator (1-800-456-0224) by either you or your client will provide the information and materials needed to process an application for health pool coverage.

DICK MARQUARDT
Insurance Commissioner

IMPORTANT NOTICE CONCERNING WASHINGTON HEALTH INSURANCE POOL

The Washington State Legislature has established a health insurance pool for which you may be eligible.

Any Washington resident may apply for coverage upon providing evidence from at least one health insurer of one or more of the following: (1) Rejection for medical reasons, (2) a requirement of restrictive riders, (3) an uprated premium; (4) a pre-existing condition limitation (the effect of which is to substantially reduce coverage from that received by a person considered a standard risk), or (5) had health insurance involuntarily terminated for any reason other than nonpayment of premium. Such evidence must be provided to the pool administrator within six months after receipt.

Based on our underwriting action, it appears that you meet at least one of these qualifications. If you desire further information, contact: Your agent, broker, or phone the pool Administrator at 1-800-456-0224.